

STRAP ENROLLMENT VERIFICATION

(For use of this form see USAREC Reg 601-37)

Mail to:

Commander
US Army Human Resources Command
ATTN: HRC-HST
1 Reserve Way
St. Louis, MO 63132-5200

Date: _____

This is to certify that _____ is currently enrolled
(First, MI, Last Name, SSN)

and in good standing as a ☐ Full-Time, ☐ Half-Time student, or ☐ Resident (list program below) at:
(Check One)

(Educational Facility and Official Mailing Address)

Program start date: _____
DD MM YYYY

Anticipated program completion date: _____
DD MM YYYY

Upon graduation or completion, the specialty or area of study will be:

Courses enrolled this term or attach a copy of enrollment form from institution (AN applicants only):

Current Credit Hours Enrolled In: _____

Hours Your Institution Considers Full-time For:

(Fall-Winter-Spring) _____

(Summer) _____

Dept. Chief/Program Director's Signature

Typed Name

Official Title

Telephone Number

Affix Official School Seal
or

Statement Stating There Is
No School Seal

Are there any summer classes available which are required for the training program in which this student is enrolled? ☐ Yes ☐ No